



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
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WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 11110.8  
BUMED-33  
30 Apr 2001

BUMED INSTRUCTION 11110.8

From: Chief, Bureau of Medicine and Surgery  
To: Distribution

Subj: HEALTH FACILITY PLANNING AND PROJECT OFFICER PROGRAM

1. Purpose. To establish the authority and duties of Health Facility Planning and Project Officers (HFPPO).
2. Cancellation. NAVMEDCOMINST 11110.1.
3. Background. The construction of health care facilities is a lengthy, complex process involving several years from development of requirements to occupancy of a complete and usable facility. Medical military construction (MILCON) projects may include new construction, major renovation, additions to existing facilities, or a combination of these construction types. The HFPPO, formerly known as medical construction liaison officer, concept was developed to provide appropriate user and builder liaison during health facilities planning, design, and construction. The HFPPO also provides the necessary coordination between Bureau of Medicine and Surgery (BUMED), the activity, and the Naval Facilities Engineering Command (NAVFACENGCOM) with its supporting engineering field divisions (EFD), resident officers in charge of construction (ROICC), civilian architectural and engineering firms, and construction contractors. To provide this interface, officers of the Medical Service Corps are appointed as HFPPO by the Chief, BUMED. Billets are provided by BUMED for regional support of medical construction and are relocated upon project conclusion. Additional duty orders to the activity may be issued when justified.
4. Discussion. The Commander, NAVFACENGCOM is responsible for the design and construction of complete and usable facilities for the naval shore establishment. The development of a modern health care facility requires constant surveillance, meaningful cooperation and communication, and a broad spectrum of expertise to keep abreast of the continual changes in the state-of-the-art medical and dental functional design philosophy, equipment, procedures, and techniques. Architectural and engineering (A&E) firms qualified in health facility design are placed under contract by an EFD to develop plans and specifications for new facilities, additions, and renovations. The HFPPO coordinates medical and dental input into this process. BUMED (MED-33) provides guidance for the HFPPO and MILCON interface.
5. Action. The following duties and support responsibilities for the HFPPO Program are assigned:
  - a. Health Facility Planning and Project Officer. The HFPPO is appointed by Chief, BUMED. The HFPPO shall be assigned to the Naval Healthcare Support Office responsible for the facility under construction. The HFPPO shall:

(1) Obtain minimum additional education by completing the Shore Facilities Planning System Course and Construction Contract Administration and Management Course offered at the Civil Engineer Corps Officers' School (CECOS). The courses shall be completed within 24 months of appointment.

(2) Contribute to project development during the project planning stage by preparing and/or reviewing MILCON supporting documentation including; DD 1391s, health care requirement analyses, construction estimates, facility deficiency tabulations, project books, program for designs, and economic analyses.

(3) Participate in design conferences and meetings for purposes of transmitting information from the A&E and EFD to the commanding officer and BUMED; and, in coordination with BUMED, provide advice and assistance on medical design criteria and functional aspects of medical and dental design necessary to meet local requirements.

(4) Participate in the development and continuous update of technical and non-technical equipment requirements (defined to include furnishings) under Department of Defense (DOD) directives and instructions and BUMED procedural guidance. These equipment requirements are listings of recommended equipment for each functional space within the project. After command review, the HFPPO coordinates all comments and forwards any list changes to BUMED with adequate justification.

(5) Maintain close liaison with BUMED in developing and continuously updating necessary equipment requirements for both item and price to provide the most current cost estimates for budgeting and funding initial equipment outfitting. The HFPPO coordinates the procurement, storage, and installation of collateral equipment. Funds are provided by BUMED for the equipment procurement.

(6) Assist the activity commanding officer in identifying existing equipment eligible for relocation to the new facility. To avoid unnecessary duplication of procurement and ensure a complete and usable facility, the following considerations shall be used in this process of identification:

(a) Remaining useful life per current condition and historical maintenance and repair record with respect to the projected occupancy date of the new facility.

(b) Compatibility with project sizing, utilities, structural requirements, and design concepts.

(c) Conformity with projected mission of the command upon occupancy of the new facility.

(d) Current and projected state-of-the-art medical practice and acceptable community standards for health care delivery.

(e) Requirement for continued availability of the provided function during transition from the old to the new facility.

(7) Document user requests for changes to the project with full justification. Changes shall be requested only when considered absolutely necessary and must be held to a minimum. Approved requests for changes totaling less than \$25,000, which do not involve a change in the approved space program, the approved concept design or functional relationships, may be submitted by the HFPPPO to the ROICC or EFD without formal approval by BUMED. All other change requests must be forwarded to BUMED (MED-33) for approval and authorization.

(8) Provide advice on operational aspects of the project during construction and through close liaison with the ROICC, maintain a constant awareness of the progress of the project. As primary communications link between the ROICC, BUMED, and the commanding officer, the HFPPPO is responsible for keeping all parties apprised of significant problems or delays.

(9) Coordinate the orientation of personnel in the use of new equipment, concepts of the new facility, and planning for the transfer of functions. Whenever possible, new equipment and systems operation and maintenance training shall be documented for future use.

(10) Participate in the initial and final acceptance inspection of the facility. The HFPPPO coordinates the preparation and submission to the ROICC of a listing of construction and design deficiencies noted by the activity for correction. As part of the pre-acceptance inspection, the HFPPPO shall document inspection of all medical systems 2 to 4 months prior to final acceptance of the facility. The inspection documentation shall be submitted to the ROICC with copies to BUMED and the EFD.

(11) Participate in the post occupancy evaluation (POE) of the completed project. The HFPPPO shall coordinate with BUMED and COMNAVFACENGCOM on correction of deficiencies planning and will provide input to a "lessons learned" package for improving future projects.

b. The Activity Commanding Officer. As primary user, the commanding officer shall become thoroughly knowledgeable with the MILCON project progress. The commanding officer shall:

(1) Participate, through maximum use of the HFPPPO, in the design of the project and development of technical and non-technical equipment requirements.

(2) Provide personnel resources for the procurement, storage, and necessary installation of equipment.

(3) Identify existing equipment eligible for relocation to the new facility, assuring all plant property not relocated is properly examined, condition coded, and reported for redistribution or for disposal.

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(4) Provide for adequate planning and execution of the relocation and transition to the new facility.

(5) Forward identification of all construction and design deficiencies (coordinated by the HFPPPO) to the ROICC during the initial and final acceptance inspection of the facility.

c. The Officer in Charge, Naval Healthcare Support Office shall:

(1) Provide support services to the HFPPPO, i.e., secretarial or clerical support, space, equipment, and office utilities, and appropriate funding for travel, to include but not limited to CECOS courses and design/construction conferences.

(2) Use the HFPPPO to plan, coordinate, and execute MILCON projects throughout their area of responsibility.



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